

DO/EO BIBLIOGRAPHIC DATA ENTRY

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|------------------------------|-------------------|---------------------------|-----------------------------|
| SERIAL NUMBER: | 09 / 856362 | RECEIPT DATE: | 05 / 22 / 01 |
| IA NUMBER: | PCT/ FROO / 02637 | IA FILING DATE: | 09 / 22 / 00 |
| FAMILY NAME: | HAMOIR | DELAY WAIVED (Y/N): | N |
| GIVEN NAME: | DOMINIQUE | DEMAND RECEIVED (Y/N): | 23 N |
| PRIORITY CLAIMED (Y/N): | ++Y | PRIORITY DATE: | 09 / 22 / 99 |
| NO BASIC FEE (Y/N): | N | US DESIGNATED ONLY (Y/N): | N |
| ATTORNEY DOCKET NUMBER: | Q64544 | COUNTRY: | |
| CORRESPONDENCE NAME/ADDRESS: | | CUSTOMER NUMBER: | 000000 TELEPHONE 2022937060 |
| | | | FAX |

NAME: SUGHRUE MION ZINN MACPEAK & SEAS

STREET: 2100 PENNSYLVANIA AVENUE N W

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200373213

EMAIL:

APPLICATION TITLES:

AMPLIFICATION FOR VERY BROAD BAND OPTICAL FIBER TRANSMISSION SYSTEM

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 6876

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|--|---|-----------------------------------|---|--------------------------------------|--------------------------------|
| SERIAL NUMBER 09/856,362 | FILING DATE 05/22/2001 RULE | CLASS 370 | GROUP ART UNIT 2661 | ATTORNEY DOCKET NO. Q64544 | |
| APPLICANTS Dominique Hamoir, Nozay, FRANCE; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/FR00/02637 09/22/2000 ** FOREIGN APPLICATIONS ***** FRANCE 99 11 875 09/23/1999 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY FRANCE | SHEETS DRAWING 1 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| ADDRESS Sughrue Mion Zinn Macpeak & Seas 2100 Pennsylvania Avenue N W Suite 800 Washington ,DC 20037-3213 | | | | | |
| TITLE Amplification for optical fibre ultrawide band transmission systems | | | | | |
| FILING FEE RECEIVED 860 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |